



USAID
FROM THE AMERICAN PEOPLE



In Focus:

World AIDS Day, December 2004

Women and AIDS **RESPONDING GLOBALLY**

Women and girls make up a growing proportion of those infected by HIV/AIDS. At the end of 2004, UNAIDS reported that women made up almost half of the 37.2 million adults (aged 15 to 49) living with HIV/AIDS worldwide. The hardest-hit regions are areas where heterosexual contact is the primary mode of transmission. This is most evident in sub-Saharan Africa, where close to 60% of adults living with HIV/AIDS are women.

The United Nations estimates that every day 6,000 young people aged 15 to 24 become infected with HIV. A staggering two-thirds of these new cases are adolescent women. Economic, social, and cultural factors contribute to the disparity of new HIV/AIDS cases between men and women.

As the lead U.S. government agency responsible for economic assistance and humanitarian relief in the developing world, the U.S. Agency for International Development (USAID) is proud to be a partner in President Bush's Emergency Plan for AIDS Relief, announced in 2003.

Since the inception of its international HIV/AIDS program in 1986, USAID has supported activities that address issues facing women and HIV/AIDS. From almost 100 bilateral programs to the President's Emergency Plan for AIDS Relief, USAID has worked consistently to help women and girls gain control of their economic and social lives.

With historic funding for global AIDS, the Emergency Plan aims to treat 2 million HIV-infected persons with antiretroviral therapy, prevent 7 million new infections, and provide care and support for 10 million persons infected with or

affected by HIV, including orphans and vulnerable children, in 15 focus countries.

A cornerstone of the President's Emergency Plan is accountability for results that achieve specific goals for prevention, care, and treatment. USAID worked in collaboration with other U.S. agencies to develop reporting indicators that will count people receiving services, disaggregated by sex. For example, these data will show the number of women who participate in behavior change programs and receive antiretroviral therapy and palliative care in each of the 15 focus countries.

PREVENTION

USAID seeks to provide additional tools and a supportive environment so women can protect themselves from HIV infection. Gender norms contribute significantly to challenges and needs women face with respect to HIV prevention. For many women, "fear of sexual coercion and violence often precludes the option of abstinence or holds them hostage to their husband's infidelity."¹ Recognizing that positive male involvement in HIV prevention efforts is crucial for changing the course of the epidemic, USAID continues to support programs such as the Men as Partners (MAP) initiative. This program works to positively involve men in maternal health, family planning, and HIV prevention around the world. MAP encourages men to address behaviors that conform to social norms about masculinity but have potentially adverse effects on their own health and the health of their partners (the idea, for example, that "real men don't go to the doctor when they're ill"). In South Africa, men participate in MAP workshops where they first link male social norms such as gender-based

¹ The President's Emergency Plan for AIDS Relief, U.S. Five-Year Global HIV/AIDS Strategy, p. 27



violence to HIV transmission and then work toward an understanding of how to shift gender norms on individual and community levels toward healthier behaviors.

Prevention programs must also help young women develop skills and have access to information and tools. In some African settings, young women aged 15 to 19 have HIV rates six times higher than young men the same age. In contrast, older men tend to have much higher rates of HIV infection, suggesting that intergenerational sexual relationships may contribute substantially to new infections in many parts of the world. Poverty and vulnerability to sexual exploitation and coercion put girls at risk, and economic factors also influence girls to trade sex for money or other items of value and have relationships with older, more sexually experienced men. USAID helps communities recognize and address social norms that put young women's health in jeopardy. The Kenya Girl Guides Association (KGGA) promotes HIV/AIDS prevention among girls and young women through peer education, life skills training, and outreach activities such as theater and awareness contests. The KGGA program has mobilized a broad range of community leaders to support HIV/AIDS programming for youth, especially for young girls who are not yet sexually active.

PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION

In 2002, President Bush announced a new \$500 million International Mother and Child HIV Prevention Initiative that seeks to prevent mother-to-child transmission of HIV/AIDS (PMTCT) and to improve health care delivery in Africa and the Caribbean. By improving care and drug treatment and building health care delivery capacity, this new effort is expected to reach up to 1 million women annually and reduce transmission of HIV from mothers to infants by 40% within five years or less in 12 African countries and the Caribbean.

USAID has carried out PMTCT programs since 1999. Primary interventions include improvement of antenatal services; short-course antiretroviral prophylaxis for HIV-infected pregnant women; support for safe infant feeding practices; and strengthening of health, family planning, and safe motherhood programs. USAID's PMTCT programs

As part of USAID's "PMTCT Plus" programs, 2,868 women at 12 sites in Africa and Thailand, and 764 adults and 1,908 children in their households, have been identified as eligible for HIV care and/or treatment. Currently, 1,013 adults (28%) and 129 children (7%) receive highly active antiretroviral therapy (HAART), and the others are receiving care and being monitored for HAART eligibility.

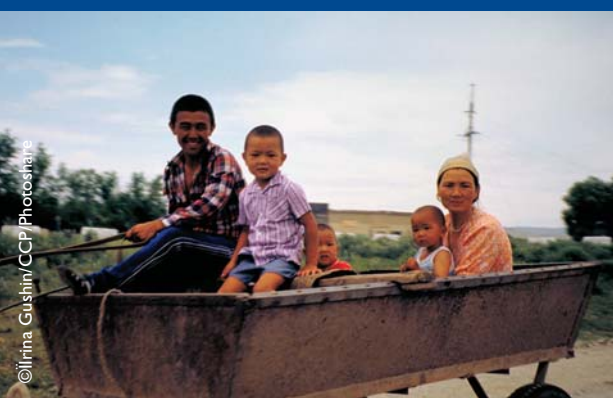
also work with young men. Programs that encourage male partners' support of PMTCT offer an opportunity to increase men's involvement in maternal health, as well as in the counseling and testing process and, as necessary, care and treatment. USAID has PMTCT programs in 26 countries in every region of the world. In 2004, one project reached more than 220,000 women with PMTCT services, providing 22,340 women with antiretroviral prophylaxis to help prevent transmission of HIV to their children.

CARE

Women bear the greatest burden of HIV/AIDS care. Left unmitigated, this burden threatens the sustainability of communities and families. A study in the village of Kagabiro in Tanzania demonstrated that in two-thirds of the cases where a household included someone with AIDS, two females were devoted to nursing duties and that on average the total labor lost to the household was 43%. These women and girls who shoulder the care burden often do so with little training, material, or moral support.² In two northern Zambia provinces, youth at community clubs received training in caring for people living with HIV/AIDS. Male and female caregivers provided similar kinds of services, not limited to expected gender roles. Caregivers reported a decrease in perceived community stigmatization of families affected by AIDS. Additionally, caring for people living with HIV/AIDS had a positive effect on the trained youth.

One of the tragic consequences of HIV/AIDS is the toll on children. Globally, approximately 2.2 million children under age 15 are living with HIV/AIDS. In 2003, more than 15 million children under age 18 had lost one or both parents to AIDS. Girls in affected families not only have to deal with grief and abandonment, but often leave school

² UNAIDS fact sheet



to assume added burdens, such as nursing a dying parent, raising younger siblings, running the household, or replacing a breadwinner.

In response, USAID currently has 102 programs in 27 countries in support of orphans and vulnerable children. Program activities include psychosocial support, educational support, HIV prevention, income generation, and health care. In the Dominican Republic, the Global Orphan Project/Promundo unites family and community groups to assist children affected by HIV/AIDS, including HIV-positive children. In 2004, pilot activities identified more than 1,000 vulnerable children and delivered 2,100 direct services (medical, psychological, education, legal, food, clothing, etc.). Today, program enrollment continues to increase by 10 to 20 vulnerable children a week. Pilot activities also test techniques of family case management, microcredit, and microenterprise. An additional 1,000 families affected by HIV/AIDS (including 2,000 children affected by HIV/AIDS) benefited from microenterprise and microcredit programs during 2004.

Women's ability to care for themselves and their loved ones can be strengthened through access to economic opportunities. More than 800 million women worldwide are economically active in agriculture, small and microenterprises, and, increasingly, in the export processing industries that drive globalization. More than 70% of these women live in the developing regions of Asia, Africa, and Latin America. Women's unemployment rates remain high relative to those of men, and when employed, women receive less pay than men for the same work. It is not surprising, then, that women constitute 60% of the rural poor. In 2004, USAID began funding Positive Partnership, a program in Bangkok, Thailand, that gives small loans to teams of two people, one of whom is HIV-positive and one HIV-negative. The program aims to encourage entrepreneurship and reduce the stigmatization of people living with HIV/AIDS by associating them with successful businesses and incorporating them into the community.

Ensuring equitable inheritance and property rights is a key element to increasing women's economic and social status and mitigating some of the effects of the HIV/AIDS epidemic. In Kenya, women account for 80% of the agricultural labor force and generate 60% of farm income, yet

own only 5% of the land. In 2004, USAID initiated "Women and Inheritance: A Framework for Action," an advocacy project with the goal of supporting policy changes to promote and protect women's inheritance and ownership rights in Kenya. Today, the project is working with local groups to help them develop a shared critical analysis, a vision for change, and a strategy for action.

TREATMENT

Women often face limited access to services and treatment. Key barriers include lack of control over decision making; the need to have male permission to seek services; and fears of the stigma and discrimination that communities direct toward HIV-positive women. Further, as treatment becomes more available, both men and women may give men the priority for access to medication.

Of the 9,885 persons receiving clinical care through U.S. government-funded treatment programs in Ghana, Kenya, and Rwanda, 6,410 (65%) are women.

Of the 3,147 persons receiving antiretroviral therapy through U.S. government-funded programs in Ghana, Kenya, and Rwanda, 1,943 (62%) are women.

In partnership with the President's Emergency Plan, USAID seeks to ensure that as access to treatment increases, potential inequities are avoided. Strategies to ensure equitable access include community education to support treatment for women; comprehensive workplace policies; costing schemes that account for economic constraints; and involvement of women leaders and women living with HIV/AIDS in developing treatment program designs and protocols, delivery mechanisms, and evaluation and monitoring activities.

Through a USAID-funded grant, the International Community of Women Living with HIV/AIDS invited HIV-positive young women from throughout Africa to a Young Women's Dialogue workshop to strengthen their advocacy skills. Workshop participants listened to and documented the experiences of women from different African countries who are living with HIV/AIDS.



RESEARCH

To complement current prevention, care, and treatment interventions, emerging technologies and research must address the specific needs of women.

USAID is supporting the development of chemical barriers known as microbicides to stop HIV transmission. If effective microbicides are developed, they could become important female-controlled methods for preventing HIV infection. Microbicides could also be an effective tool for HIV-discordant monogamous couples, among whom condom use is typically low with the woman often at risk. For more than a decade, USAID has been essential in shaping the strategic direction of this program and leveraging and coordinating the intellectual, proprietary, and financial capital of a host of contributors.

USAID is working with governmental and nongovernmental partners, including the National Institutes for Health and Centers for Disease Control and Prevention, to advance the development of a vaccine against HIV. USAID has funded the International AIDS Vaccine Initiative (IAVI) since 2001, understanding that women's health needs must be part of research and development. IAVI is taking key steps to integrate gender in AIDS vaccine trials by forming a gender advisory board, developing gender-sensitive guidelines and protocols, training trial teams to be gender-sensitive, and establishing accountability mechanisms.

GENDER-BASED VIOLENCE

Encouraging education for both men and women is one step toward curbing gender-based violence associated with HIV/AIDS. In a USAID-funded study in Dar es Salaam, Tanzania, more than one-fourth of female voluntary counseling and testing (VCT) clients agreed with the statement "Violence is a major problem in my life." HIV-positive women were 2.68 times more likely than HIV-negative women to have experienced violence from a current partner. The study suggests that fear of physical violence was a principal deterrent keeping women from accessing VCT services and disclosing their status.

USAID seeks to address risks of partner violence by developing and implementing counseling and treatment initiatives. As counseling and testing sites are often integrated with PMTCT services and antenatal clinics, women are likely to be the first person in the relationship to learn their HIV status and may face unfounded blame for bringing HIV into the family. The AIDS Information Center of Uganda has changed its timing of notifying couples of their test results in order to address these dynamics. Additionally, USAID-supported demographic and health surveys in developing countries include questions on domestic violence and women's empowerment, allowing for in-depth analyses of the consequences of gender relations within households.

LEADERSHIP

Looking toward the future, women must continue to emerge as community leaders to engender political support for quality AIDS programs in their countries. In Tanzania, USAID supported community activist Lediana Mafuru's efforts to work with a coalition of HIV/AIDS advocacy organizations to reduce HIV-related stigma and discrimination. Recognizing Lediana's other potential contributions to the fight against HIV/AIDS, USAID sent her to a leadership training program. Soon after completing the training, Lediana won election to Tanzania's National Parliament. Today, she is an elected leader of the Tanzania Parliamentarians AIDS Coalition, helping to ensure the proper allocation and use of national resources.

In addition, women's groups offer a forum to learn from each other while building capacity and reducing stigma and discrimination. In Rwanda, PRO-FEMMES, the national women's umbrella group, developed and implemented a mass media campaign that reached more than 800,000 women and girls with messages addressing stigma, discrimination, and empowerment of girls.

Using the models above and multifaceted strategies from all around the world, USAID's programs continue to help women and girls build lives from the shadows of HIV/AIDS. In 2005, USAID will publish a series of briefs that will document these best practices.

The Photoshare images used in this publication are for illustrative purposes only; they do not imply any particular health status, attitudes, behaviors, or actions on the part of any person who appears in the photographs.

